

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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JUL 1 6 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

I. Name of Lobbyist(s) Periklis Karoutas, Robert Clegg, Debra Vanderbeek, Leann Moccia, Chris Herr

	Legislative Solution	ons, L.L.C.			
	(Name of partnership, fire	m or corporation)			
	P.O. Box 10724	Bedford	NH	03	110
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
() 603-86	0-3682	′ \	e-mail Ser	iclegg@aol.coi	m
() <u>603- 860-3682</u> ()					
reportable expe	ent covers: (Choose one nse transactions which e transactions occurring	are not attributable	o any one client).		
	New Ha	mpshire Campgroun	d Owners Associatio	n	
	(Full Name of Clie	nt as it appears on the Lo	bbyist Registration Form)	<u></u>
<u>OR</u>					
•	transactions by the lobb particular client.	yist (including the lob	byist's family), or the I	obbying firm lis	sted below which
IV. Date of Rep	•		July 25, 2018		
Reports cover:	activity from date of regi		activity from 4/1/18 to	_	
	October 31, 201 activity from 7/1/18		January 30, 20 activity from 10/1/18		
	been no fees received cked, complete just this f				
VI. Check if add	ditional reports are atta	ached:			
I If you have r	ditional reports are atta received fees or made ex	penditures, you must f	ile Addendum A– Fee	s and Expenses	
•	oaid an honorarium or re				lonorariums or
☐ If you, your	firm, or your family has	made political contrib	utions, you must file A	ddendum C- P	olitical Contribut
I have read RSA	nt/Affirmation by Lobb 15, RSA 15-B, RSA 14 the best of my knowledg	C and RSA 664 and h	ereby swear or affirm t	hat the foregoin	g information is t
			July 19, 2018	3	
(Signature of lot	obyist)		,,	(Date)	-
Periklis Karout	obbyist)				

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STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

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(RSA Chapter 15:6)

JUL 1 6 2018

NEW HAMPSHIRE PARTMENT OF STATE

	DEPARTMENT OF
I. Name of Lobbyist(s) Periklis Karoutas, Robert Clegg, Debra Vanderbe	ek, Leann Moccia, Chris Herr
II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	
III. Name of Client New Hampshire Campground Owners Association	Date July 19, 2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 6,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ 9,000.00 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 15,000.00
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	lient and if expenditures are made by hay be filed for the lobbyist(s)/firm. aggregate total of all expenses paid penses; (b) the aggregate total of all e: meals purchased during a business is than \$10 that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for e of greater than \$25, purchase of a r than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 6,000.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0

c) Total of all itemized expenditures reported in detail in section VI.

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$6,000.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ 9,000.00
f) Total of all expenses year to date	f) \$15,000.00
V1. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	obbying fees during this report
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	
	July 19, 2018
(Signature of lobbyist)	(Date)
Periklis Karoutas	

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

RECEIVED JUL 1 6 2018 NEW HAMPSHIRE DEPARTMENT OF STATE

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation	Legislative Solutions, L.L.C.		
Name of Client (leave blank if Statement is for the	partnership, firm, or corporation and not related to any		
particular client): New Hampshire C	ampground Owners Association		
Date of Report (check one):			
April 25, 2018 🗆 July 25, 2018 💆 Oct	ober 31, 2018 □ January 30, 2019 □		
the following Addendums submitted with that Stat submitted):	ement of Income and Expenses described above, and ement (insert the number of Addendum forms being		
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
	tion on the Statement and each Addendum is true and		
complete to the best of my knowledge and belief.			
Long Cles	July 19, 2018		
(Signature of lobbyist)	(Date)		
Robert Clegg			
(Print Name of lobbyist)			

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Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation:	Legislative Solutions, L.L.C.		
Name of Client (leave blank if Statement is for the partnershi	ip, firm, or corporation and not related to any		
particular client): New Hampshire Campgrou	and Owners Association		
Date of Report (check one):			
April 25, 2018	2018 □ January 30, 2019 □		
,	·		
I have read RSA 15, RSA 15-B, RSA 664, the Statement of the following Addendums submitted with that Statement (in submitted):			
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that the foregoing information on the complete to the best of my knowledge and belief. (Signature of lobbyist)	July 19, 2018 (Date)		
Debra Vanderbeek			
(Print Name of lobbyist)			

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

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Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

ŀ

Name of Lobbying partnership, fi	rm, or corporation:	Legislative Solutions,	L.L.C.
Name of Client (leave blank if Sta	atement is for the partner	ship, firm, or corporation	on and not related to any
particular client):	New Hampshire Campgi	ound Owners Associat	ion
Date of Report (check one):			
April 25, 2018 ☐ July 25,	2018 October 3	I, 2018 □ Januar	ry 30, 2019 🛚
I have read RSA 15, RSA 15-B, the following Addendums submitted):		•	
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that the complete to the best of my knowled (Signature of lobbyist)		July 19, 2018	
(Signature of 1000y1st)		(5)	ncy
Leann Moccia			
(Print Name of lobbyist)			

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

RECEIVED JUL 1 6 2018 NEW HAMPSHIRE DEPARTMENT OF STATE

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying parti	nership, firm, or corpo	oration: Legislative	Solutions, L.L.C.	
Name of Client (leave b	lank if Statement is fo	or the partnership, firm, or	corporation and not related to an	ny
particular client):	New Hamps	shire Campground Owners	Association	_
Date of Report (check o	one):			
April 25, 2018 🗆	July 25, 2018	October 31, 2018 🗆	January 30, 2019 □	
the following Addendur submitted):	ms submitted with the		nd Expenses described above, ar umber of Addendum forms beir	
Addendum A(s)				
Addendum B(s)				
Addendum C(s)				
I hereby swear or affirm complete to the best of a			nt and each Addendum is true ar	ıd
(hustyl	Alle	July	19, 2018	
(Signature of lobbyist)			(Date)	
Chris Herr				
(Print Name of lobbyist))			